



Pre-Complaint Questionnaire—Employment Hawai'i Civil Rights Commission

830 Punchbowl Street, Room 411, Honolulu, HI 96813
Tel: (808) 586-8636 • Fax: 586-8655 • TDD: 586-8692

FOR OFFICE USE ONLY

INTERVIEWER: _____

DATE OF INTERVIEW: _____

ACTION TAKEN: _____

Directions: Please fill out this questionnaire completely. The information will be used to determine if we have jurisdiction to investigate your discrimination complaint, and to draft the charge of discrimination. You may be contacted for either a telephone or in-office interview. Please print clearly. Submit documents that support your allegation(s) of discrimination.

Date: _____

1. Information about you:

Name: _____
Last First Middle Initial(s)

Address: _____
Number/Street City Zip Code

Telephone: Home: _____ Work: _____

Race/Ethnicity*: _____ Sex*: _____

Social Security Number: _____ Age* & Date of Birth: _____

Person to contact if we can't reach you:

NAME & RELATIONSHIP ADDRESS TELEPHONE NO.

2. Company/City & County/State etc. that discriminated against you:

Name: _____

Address: _____
Number/Street City Zip Code

Island: ____ O'ahu ____ Kaua'i ____ Maui ____ Hawai'i ____ Moloka'i ____ Lana'i

Telephone: _____ No. Of Employees (employed in HI): _____

Date Hired: _____ Pay/Salary: _____

Job Title when discriminated against: _____

*used for statistical purposes only
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Previous Editions Obsolete

3. I was discriminated against because of my:

(Check the protected basis)

- | | |
|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex (male female pregnant) |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual Orientation (homosexual bisexual heterosexual) |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Marital Status (married single) |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Retaliation (opposed discrimination) |
| <input type="checkbox"/> Age | <input type="checkbox"/> National Guard Obligation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Child Support Garnishment |
| <input type="checkbox"/> Arrest & Court Record | <input type="checkbox"/> Disability (physical mental) |
| <input type="checkbox"/> Breast Feeding | What is the disability? _____ |

4. I was discriminated against by being:

(Check the adverse action)

- | | |
|--|---|
| <input type="checkbox"/> Fired/Discharged | <input type="checkbox"/> Denied Promotion |
| <input type="checkbox"/> Not Hired | <input type="checkbox"/> Denied Transfer |
| <input type="checkbox"/> Forced to Quit | <input type="checkbox"/> Refused Pay Raise |
| <input type="checkbox"/> Laid Off | <input type="checkbox"/> Unequal Pay |
| <input type="checkbox"/> Sexually Harassed | <input type="checkbox"/> Unequal Hours |
| <input type="checkbox"/> Harassed | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Refused Accommodation | <input type="checkbox"/> Other (specify): _____ |

5. Date of the last discriminatory action: _____

(Must be within the past 180 days)

6. Name(s) and job title of the person who discriminated against you:

7. What reason was given to you for the adverse action:

8. How did you learn about the Civil Rights Commission:

9. Was a complaint concerning this problem filed with the U.S. Equal Employment Opportunity Commission (EEOC)? ☐ YES ☐ NO

If yes, please provide: DATE FILED: _____ CASE NO.: _____

10. Do you have an attorney concerning this problem? ☐ YES ☐ NO

If yes, please provide: NAME: _____

ADDRESS: _____ TELEPHONE: _____

11. Have you filed a complaint concerning this problem with any other group or agency?

☐ YES ☐ NO If yes, please provide: NAME: _____

ADDRESS: _____ TELEPHONE: _____

Directions: Please provide a summary of the discriminatory adverse actions with the names of those who discriminated against you. Start with the earliest date and end with the last date. Use separate sheets of paper as necessary to include additional information. On the next page, include the name/telephone/address of witnesses who you feel could provide evidence of the alleged discrimination.

Dates of Discrimination	Describe the Discriminatory Adverse Actions (Explain why the actions were because of your protected basis)

Dates of Discrimination	Continuation of the Discriminatory Adverse Actions (Explain why the actions were because of your protected basis)

Witnesses Who Have Evidence of the Discriminatory Adverse Actions		
Name	Telephone (Home and Work)	Address

Closing Statement: I declare under penalty of perjury that the foregoing is true and correct.

Signature

Hawai'i Civil Rights Commission
Pre-Complaint Instructions And Checklist
EMPLOYMENT

This information is provided to help you decide whether or not your employment problem can be handled by the Civil Rights Commission (CRC). ***IT IS NOT MEANT TO DISCOURAGE YOU FROM FILING A COMPLAINT.***

If you have difficulty understanding these instructions or have any questions, call the Hawaii Civil Rights Commission office at 586-8636 (Voice), 586-8692 (TDD) or 586-8655 (FAX). If you are on the Neighbor Islands, call toll free by dialing: Kaua'i (ext. 6-8636): 274-3141 (ext. 6-8636); Maui: 984-2400 (ext. 6-8636); Hawai'i: 974-4000 (ext. 6-8636); Lana'i & Moloka'i: 1-800-468-4644 (ext. 6-8636).

Enclosed is a Pre-Complaint Questionnaire. Please fill it out and return it as soon as possible. You will then be called or receive a letter to schedule an appointment for an interview with Commission staff. If you are not called within 30 days after you return it to us, please call us. At this interview be prepared to provide the staff with information and bring any documents you have which will help us to understand your problem. ***IF YOU DO NOT SEND IN A COMPLETED PRE-COMPLAINT QUESTIONNAIRE YOU WILL NOT RECEIVE AN APPOINTMENT.*** If you have a specific problem, such as a language difficulty, that makes it hard for you to fill out the Pre-Complaint Questionnaire, please call us.

WARNING: YOUR RETURN OF A COMPLETED PRE-COMPLAINT QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A COMPLAINT--YOU MUST STILL FILE AN OFFICIAL COMPLAINT WHICH A COMMISSION STAFF PERSON CAN ASSIST YOU WITH AFTER YOUR INTERVIEW.

SECTION I We can only take complaints of illegal discrimination. This means the unfair treatment about which you are complaining must have happened because of one or more of the reasons listed below:

Your race
Your sex
Your religious beliefs
Your color
Your national origin
Your ancestry
Your age
Your disability status
Your marital status
Your sexual orientation
Your arrest & court record
Your child support garnishment
Your National Guard Obligations
You breast feeding

A problem related to your pregnancy, child birth or related medical conditions.
Harassment because of your race, sex, religious beliefs, etc.
Because you reported a violation of any law that CRC enforces (retaliation).
Because you participated in any way in an investigation, hearing or other proceeding conducted by the Civil Rights Commission.

The Commission does not handle any unfair treatment that is **not** due to one or more of the above reasons.

SECTION II

It is not easy to prove discrimination. In order to file a complaint, you must have information to explain why you believe the unfair treatment was because of one or more of the reasons listed in Section I. When we investigate your case, we need either direct evidence (racial slurs, sexist slurs, harassment) or we need to find evidence that you were treated differently in comparison to individuals not of your race, sex, or whatever reason(s) on which you are basing your complaint.

For example, if you are Black and were fired for being absent too often, we probably cannot prove discrimination unless we find that non-Blacks who were absent as often were not terminated. In some kinds of cases, such as religious discrimination or disability status discrimination, the key evidence may take other forms.

SECTION III The state statute of limitations for filing complaints with the Hawai'i Civil Rights Commission is 180 days after the date upon which the alleged discriminatory practice occurred or the last occurrence in a pattern of ongoing discriminatory practice.

THEREFORE, IF YOU ARE COMPLAINING ABOUT SOMETHING THAT HAPPENED OVER FIVE (5) MONTHS AGO and near this statute of limitations for filing a complaint, call the Hawai'i Civil Rights Commission office at 586-8636 (Voice), 586-8692 (TDD) or 586-8655 (FAX). If you are on the Neighbor Islands, call toll free by dialing: Kaua'i: 274-3141 (ext. 6-8636); Maui: 984-2400 (ext. 6-8636); Hawai'i: 974-4000 (ext. 6-8636); Lana'i & Moloka'i: 1-800-468-4644 (ext. 6-8636) and ask to speak to an investigator. Any delay may cause a time problem that could prevent us from accepting your complaint.

Remember: IT IS ILLEGAL FOR AN EMPLOYER TO RETALIATE AGAINST YOU FOR FILING A COMPLAINT OR FOR CONTACTING THIS COMMISSION.

Call the Hawai'i Civil Rights Commission office if you have any questions.

HAWAI'I CIVIL RIGHTS COMMISSION
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